

**WISCONSIN MEDICAID
PERSONAL CARE SCREENING TOOL (PCST)
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The Personal Care Screening Tool (PCST) is an attachment that must be completed for persons who are requesting authorization for Wisconsin Medicaid personal care services. The PCST may be completed using a Web-based format that may be accessed at <https://www.dwd.state.wi.us/desltc/>, or providers may print and complete a paper format (HCF 11133) from the Forms page of the Medicaid Web site.

The use of this form is mandatory when requesting PA for personal care services. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services. If necessary, attach additional pages if more space is needed. Attach additional documentation where requested. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgment about the case.

Providers are required to submit either the PCST Summary Sheet, HCF 11137, or a completed paper version of the PCST and other documents as appropriate as directed by Wisconsin Medicaid personal care policy to Wisconsin Medicaid when requesting PA for personal care services. Providers may submit PA documents by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

GENERAL INSTRUCTIONS

The PCST is a tool that collects information on an individual's ability to accomplish activities of daily living (ADL), instrumental ADL, and medically oriented tasks. Whether the provider is submitting the Web-based or paper version, the PCST must be completed based on a face-to-face evaluation of the individual in his or her place of residence. Completion of the PCST must be done by an authorized screener or agency-designated registered nurse (RN). Clerical entry of information into the PCST may be done by users to whom the Division of Disability and Elder Services has granted access; however, the information must be based on the authorized screener or agency-designated RN's face-to-face visit.

Providers should take into account the time it takes an individual to complete a task. If it takes the individual a very long time to complete the task, consideration should be given to the need for assistance to complete the task safely. However, if the extended time it takes an individual to complete a task does not interfere with his or her ability to complete that task safely, the provider should indicate that the individual is able to complete the task "independently."

When completing the elements in the Activities of Daily Living Section, only one response should be selected when indicating the level of help needed (Elements 25-31). The only exception is Element 30 (Toileting); providers should indicate all responses that apply. When completing an element in this section, providers should first determine if assistance is needed with a task, and if so, that assistance is needed at least one third of the time it is performed. If assistance is needed at least one third of the time, the provider should select the most appropriate level of help from the choices listed in the element for that ADL. If the level of help varies, select the level of help needed using the one-third guideline.

Age-Appropriate Responses for Activities of Daily Living

Typically, children age five and younger require the assistance of an adult to complete many ADL. For those tasks that have an age range associated with them (i.e., bathing, dressing, grooming, eating, mobility, toileting, and transfers), the “age appropriate” response should be selected when appropriate. If the age-appropriate response is selected, the task requires more assistance than an adult would typically provide, and the number of units allocated do not meet the recipient’s needs, indicate the reason that more assistance is needed in the comment section for that ADL and submit the Personal Care Addendum, HCF 11136, (including the recipient’s POC) for manual review by Wisconsin Medicaid.

WEB-BASED PERSONAL CARE SCREENING TOOL DISCLAIMER (WEB-BASED VERSION ONLY)

Providers who wish to use the Web-based version of the PCST are required to read the Web-Based PCST Disclaimer as follows:

The Web-based PCST contains language that is abbreviated from the paper PCST. Instructions for the paper PCST provide guidance to the authorized screener responding to questions in either the paper or the Web-based versions of the PCST. The authorized screener should refer to the paper PCST and to the PCST instructions for complete details. The Web-based PCST should not elicit responses that are different from those that would be obtained if the authorized screener were to use the paper PCST.

By completing the Web-based PCST, you are acknowledging that you have read the above and agreed to the use of the PCST subject to the above terms, and understand the limitations of the Web-based version of the PCST.

SCREENING INFORMATION

Element 1 — Name — Screening Agency

Enter the name of the agency that will complete the PCST for the applicant.

Element 2 — Screen Completion Date

Enter the date of the face-to-face evaluation of the applicant in MM/DD/CCYY format.

Element 3 — Name — Screener

Enter the name of the authorized screener or agency-designated RN completing the PCST for the applicant.

APPLICANT INFORMATION

Element 4 — Name — Applicant

Enter the last name, first name, and middle initial of the Medicaid recipient applying for personal care services.

Element 5 — Gender — Applicant

Check the appropriate box to indicate the applicant’s gender.

Element 6 — Social Security Number — Applicant

Enter the applicant’s Social Security number.

Element 7 — Address — Applicant

Enter the applicant’s address, including street, city, state, and zip code.

Element 8 — Date of Birth — Applicant

Enter the applicant’s date of birth in MM/DD/CCYY format.

Element 9 — Telephone Number — Applicant (Optional)

Enter the applicant’s telephone number, including area code.

Element 10 — County / Tribe of Residence — Applicant

Enter the name of the county or tribe’s borders in which the applicant resides.

Element 11 — County / Tribe of Responsibility — Applicant

Enter the name of the county or tribe that is responsible for the applicant’s benefits.

Element 12 — Directions (Optional)

Enter driving directions to the applicant’s place of residence.

Element 13 — Medical Insurance

Check all appropriate boxes to indicate the type(s) of insurance the applicant holds.

Element 14 — Race (Optional)

Check all appropriate boxes to indicate the applicant's race.

Element 15 — Ethnicity (Optional)

Check the box if the applicant's ethnicity is Spanish, Hispanic, or Latino.

Element 16 — Interpreter Services (Optional)

Check the appropriate box to indicate if the applicant requires the services of an interpreter. If "Yes" is checked, indicate the language for which the applicant requires interpretation services.

Element 17 — Responsible Party Contact Type (Optional)

Check the box that describes the responsible party's relationship to the recipient. The responsible party is a contact person other than the applicant.

Element 18 — Name — Responsible Party (Optional)

Enter the responsible party's last name, first name, and middle initial.

Element 19 — Telephone Number — Responsible Party (Optional)

Enter the responsible party's telephone number.

Element 20 — Address — Responsible Party (Optional)

Enter the responsible party's address including street, city, state, and zip code.

Element 21 — Comments (Optional)

Enter any comments about the responsible party.

Element 22 — Scheduled Activities Outside Residence

Check the appropriate box to indicate if the applicant regularly attends scheduled activities outside his or her residence. If "Yes" is checked, enter the number of days per week regularly scheduled activities occur. The applicant's complete schedule of regularly attended activities must be included in the applicant's medical file.

Element 23 — Diagnosis Codes

Enter up to three *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes that most directly relate to the applicant's need for home care. At least one ICD-9-CM code is required.

Element 24 — Living Situation

Check the box that best describes the applicant's living situation.

ACTIVITIES OF DAILY LIVING

Element 25 — Bathing

"Bathing" means the ability to wash the entire body (excludes grooming, washing hands and face only, and bathing related to incontinence care) in the shower, tub, or with a sponge or bed bath for the purpose of maintaining adequate hygiene. This includes the ability to get in and out of the tub or shower, turning faucets on and off, regulating water temperature, wetting, soaping, and rinsing skin, shampooing hair, drying body, and applying lotion to skin.

Bathing includes all transfers and mobility related to bathing. Examples of included transfers and mobility include the following:

- Applicant needs assistance to ambulate from the bedroom to the bathroom to bathe and back to the bedroom after the bath.
- Applicant needs to be physically transferred to shower chair.
- Applicant needs to be positioned on bath chair.

Select the response, A-F, that best describes the level of function the applicant possesses when bathing. For children age five or younger, select response "F." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Indicate how many days per week personal care worker (PCW) assistance is needed with bathing. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

- A. Applicant is able to bathe him or her self in the shower or tub with or without an assistive device.
- Applicant requires use of a shower chair but is able to complete bathing safely without any assistance from another person.
 - Applicant is able to bathe him or her self without any assistance from another person.

- B. Applicant is able to bathe him or her self in the shower or tub but requires the presence of another person intermittently for supervision or cueing.
- Applicant needs cueing to shower, gather towel, wash, etc., and to turn on water so scalding does not occur. He or she is then safe alone in the shower so person cueing can leave.
 - Applicant needs occasional reminders to stay on task.
 - Applicant requires supervision intermittently to ensure personal safety. Applicant has a history of falls.
- C. Applicant is able to bathe him or her self in the shower or tub but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
- Applicant requires continuous cues to complete bath but can bathe him or her self. The caregiver is required to be continually present. If continuous cues were not given, the caregiver would be required to physically assist with the bath.
 - Applicant requires continual presence of another person and cannot be left alone as applicant is confused and attempts to climb out of bathtub. If the caregiver was not continually present, the person would require physical assistance to complete the bath.
- D. Applicant is able to bathe in shower, tub, or bed with partial physical assistance from another person.
- Applicant is able to complete upper body bathing but needs physical assistance with lower body bathing and application of lotion.
 - Applicant needs physical assistance in and out of the tub but can bathe self.
 - Applicant requires a bed bath. Applicant is able to bathe upper body but needs physical assistance from another person to complete bathing of the lower body.
- E. Applicant is unable to effectively participate in bathing and is totally bathed by another person.
- Applicant is unable to assist with any aspect of bathing.
 - Applicant is able to hold washcloth but is unable to effectively participate in washing body.
- F. Applicant's ability is age appropriate for a child age 5 or younger.
- Child is 5 years old or younger.

Element 26 — Dressing

"Dressing" means the ability to dress and undress (with or without an assistive device) as necessary and choose appropriate clothing. This includes the ability to put on prostheses, braces, splints and/or, anti-embolism hose (e.g., "TED" stockings) and includes fine motor coordination for buttons and zippers. Difficulties with a zipper or buttons *at the back* of a dress or blouse do not constitute a functional deficit.

Dressing includes all transfers and mobility related to dressing and undressing. Examples of included transfers and mobility include the following:

- Applicant needs assistance to ambulate from the kitchen to the bedroom to get dressed.
- Applicant needs to be transferred from the edge of the bed to the wheelchair after being dressed.
- Applicant needs to be positioned in bed after being changed into sleeping attire.

For both the Upper Body and Lower Body categories, complete the following:

- Select the response, A-F, that best describes the level of function the applicant possesses when dressing. For children age five or younger, select response "F." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.
- Indicate if PCW assistance is needed with placement and removal of a prosthetic, splint, or brace.
- Indicate the time of day when PCW assistance with dressing is needed.
- Indicate how many days per week PCW assistance is needed with dressing. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

Upper Body

- A. Applicant is able to dress upper body without assistance or is able to dress him or her self if clothing is laid out or handed to the person.
- Applicant is independent in dressing upper body and does not need assistance.
 - Applicant is able to dress upper body independently if clothing is placed in front of him or her.
 - Applicant is able to dress upper body independently but needs someone to choose appropriate clothes.
- B. Applicant is able to dress upper body by him or her self but requires presence of another person intermittently for supervision or cueing.
- Applicant can dress upper body independently but needs someone to remind him or her to button blouse and adjust collar.
 - Applicant requires cueing/instructing to fasten buttons on front of shirt.

- C. Applicant is able to dress upper body by him or her self but requires presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
 - Applicant requires constant cueing to complete each aspect of dressing upper body. If constant cues were not provided, the applicant would require the physical assistance of another person.
- D. Applicant needs partial physical assistance from another person to dress upper body.
 - Person can put on shirt but cannot physically button it.
 - Person needs assistance pulling shirt over head.
- E. Applicant depends entirely upon another person to dress upper body.
 - Person needs total assistance with dressing upper body and is unable to effectively assist.
- F. Applicant's ability is age appropriate for a child age 5 or younger.
 - Child is 5 years old or younger.

Lower Body

- A. Applicant is able to dress lower body without assistance or able to dress him or her self if clothing and shoes are laid out or handed to the person.
 - Applicant is independent in dressing lower body and does not need assistance.
 - Applicant is able to dress lower body without assistance if clothing is placed in front of or handed to him or her.
- B. Applicant is able to dress lower body by him or her self but requires presence of another person intermittently for supervision or cueing.
 - Applicant can dress lower body independently but needs to be reminded by another person to button and/or zip pants.
 - Applicant only needs verbal instruction to complete lower body dressing.
 - Applicant requires supervision intermittently to ensure personal safety. Applicant has a history of falls.
- C. Applicant is able to dress lower body by him or her self but requires presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
 - Applicant requires constant cueing to complete each aspect of dressing lower body. If constant cues were not given, he or she would require the physical assistance of another person.
- D. Applicant needs partial physical assistance to dress lower body.
 - Applicant can pull on pants but cannot button and/or zip them.
 - Applicant needs assistance pulling up pants.
- E. Applicant depends entirely upon another person to dress lower body.
 - Applicant needs total assistance with dressing lower body and is not able to effectively assist.
- F. Applicant's ability is age appropriate for a child age 5 or younger.
 - Child is 5 years old or younger.

Element 27 — Grooming

"Grooming" means the ability to tend to personal hygiene needs (i.e., washing face and hands, combing or brushing hair, shaving, nail care, applying deodorant, oral or denture care, eyeglass care [including contact lenses], and hearing aid assistance). Grooming includes all transfers and mobility related to grooming.

Select the response, A-G, that best describes the level of function the applicant possesses when grooming. For children age five or younger, select response "G." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Indicate the time of day when PCW assistance with dressing is needed. Indicate how many days per week PCW assistance is needed with grooming. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

- A. Applicant is able to groom him or her self, with or without the use of assistive devices or adapted methods.
 - Applicant needs a chair placed due to being unsteady when standing but can groom self if able to sit during task.
 - Applicant can groom his or her self with specially adapted utensils.
- B. Applicant is able to groom him or her self but requires the presence of another person intermittently for supervision or cueing.
 - Applicant needs to be cued to place toothpaste and brush teeth but can physically perform task by him or her self.
 - Applicant needs to be supervised to ensure proper completion of tasks.

- C. Applicant is able to groom him or her self but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
 - Applicant can groom self but needs to be constantly cued to complete all tasks related to grooming. If not constantly cued, the physical assistance of another person would be required.
- D. Applicant needs physical assistance to set up grooming supplies but can groom him or her self.
 - Applicant needs assistance putting toothpaste on toothbrush but is able to complete other grooming by him or her self.
- E. Applicant needs partial physical assistance to groom him or her self.
 - Applicant is able to brush teeth and apply deodorant but needs assistance combing hair and shaving.
 - Applicant is able to partially complete task but requires assistance to fully complete grooming.
 - Applicant is able to initiate tooth brushing but is not able to effectively complete task without assistance of another person.
- F. Applicant depends entirely upon another person for grooming.
 - Applicant needs total assistance with all aspects of grooming.
- G. Applicant's ability is age appropriate for a child age 5 or younger.
 - Child is 5 years old or younger.

Element 28 — Eating

"Eating" means the ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew, and swallow food.

Select the response, 0 or A-H, that best describes the level of function the applicant possesses when eating. If the applicant is fed via tube feedings or intravenously, select response "0." If both responses "D" and "E" apply, select response "E." For children age 3 or younger, select response "H." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Indicate the meals with which the PCW will assist. Indicate how many days per week PCW assistance is needed for each meal. *Do not mark meals for which the PCW will not be providing assistance.* Do not count days in which other unpaid caregivers will be providing the cares or when care is provided outside the place of residence. For example, an applicant requires partial feeding at lunch and is in a day program for five days per week; because personal care may not be provided outside the place of residence, only two days of PCW assistance with lunch should be marked.

Examples

- 0. Applicant is fed exclusively via tube feedings or intravenously.
 - Check this box only if the applicant receives nutrition through tube feedings or intravenously.
- A. Applicant is able to feed him or her self, with or without use of an assistive device or adapted methods.
 - Applicant is able to feed him or her self with the use of adapted utensils.
 - Applicant is able to feed him or her self.
- B. Applicant is able to feed him or her self but requires the presence of another person intermittently for supervision or cueing.
 - Applicant is able to feed him or her self but requires occasional cueing to keep on task.
 - Applicant needs to be reminded to use portion control as well as what types of food are appropriate for a special diet.
 - Applicant needs to be reminded to eat.
- C. Applicant is able to feed him or her self but requires the presence of another person throughout the task for constant supervision to ensure completion of the task.
 - Applicant needs to be constantly supervised for inappropriate behaviors while eating.
- D. Applicant needs physical assistance at meal time to cut meat, arrange food, butter bread, etc.
 - Applicant needs assistance to cut meat, arrange food, set-up adaptive utensils.
- E. Applicant has recent history of choking or potential for choking based on documentation.
 - Applicant needs to be monitored during eating to prevent choking, aspiration, or other serious complications due to a *documented* history of these problems.
- F. Applicant needs partial physical feeding from another person.
 - Applicant is able to feed self for a short period of time before no longer able to due so. Assistance is needed to complete eating.

- G. Applicant needs total feeding from another person.
- Applicant depends entirely on someone else for feeding.
- H. Applicant's ability is age appropriate for a child age 3 or younger.
- Child is 3 years old or younger.

Element 29 — Mobility in the Home

"Mobility in the home" means the ability to move between locations in the applicant's living environment including the kitchen, living room, bathroom, and sleeping area. *This excludes basements, attics, yards, and any equipment used outside the place of residence.* This category excludes mobility related to bathing, dressing, grooming, and toileting.

Select the response, 0 or A-F, that best describes the level of function the applicant possesses when moving between locations in the place of residence. If the applicant remains bedfast, select response "0." For children age 18 months or younger, select response "F." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Indicate how many days per week PCW assistance is needed with mobility in the home. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

0. Applicant remains bedfast.
- Check this box only if the applicant remains bedfast.
- A. Applicant is able to ambulate by him or her self, with or without an assistive device.
- Applicant is able to ambulate independently with the use of a cane or walker.
 - Applicant is able to move wheelchair independently.
- B. Applicant is able to ambulate by him or her self, with or without an assistive device but requires presence of another person intermittently for supervision or cueing.
- Applicant needs to be reminded to stand up straight when using walker.
 - Applicant needs to be cued to move wheelchair to a specific location.
- C. Applicant is able to ambulate by him or her self, with or without an assistive device but requires presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of task.
- Applicant needs constant supervision due to history of falls but does not need physical assistance with ambulation.
- D. Applicant needs the physical help of another person to negotiate stairs or home ramp within the applicant's living environment.
- Applicant needs physical assistance to ascend stairs to upper level bedroom.
 - Applicant needs assistance moving manual wheelchair up ramp to another level within the place of residence but person can move his or her own chair on flat surfaces. (Do *not* count times when applicant needs assistance with negotiating stairs or ramps outside the place of residence.)
- E. Applicant needs constant physical help from another person. (Includes total dependence with moving wheelchair.)
- Applicant needs physical assistance with moving a manual wheelchair within his or her home.
 - Applicant needs physical assistance of one person plus a gait belt to assist with ambulation.
 - Applicant needs hands-on physical assistance when ambulating.
- F. Applicant's ability is age appropriate for a child 18 months or younger.
- Child is 18 months old or younger.

Element 30 — Toileting

Toileting includes transferring on and off the toilet, cleansing of self, changing of personal hygiene product, emptying an ostomy or catheter bag, and adjusting clothes. Toileting includes all transfers and mobility related to toileting.

Select the responses, A-G, that best describe the level of function the applicant possesses when toileting. **Select all responses that apply.**

For children age four or younger, select response "G." If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Both responses "D" and "E" should be selected if the applicant is toileted and is incontinent.

If responses "C," "D," "E," or "F" are selected, also include the frequency per day of the situation described in which the PCW will provide assistance. If the frequency varies, record the higher of the frequencies. For example, a recipient requires assistance with toileting and the PCW assists her six times a day on average. However, the recipient attends a day program five days per week and on those days the PCW assists with toileting four times per day. The frequency entered in the PCST would be six times per day.

Indicate how many days per week PCW assistance with toileting is needed. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

- A. Applicant is able to toilet him or her self or provide his or her own incontinence care, with or without an assistive device.
- Applicant needs a raised toilet seat and with its use can toilet self.
 - Applicant is incontinent but can change his or her own incontinence product.
- B. Applicant is able to toilet him or her self or provide his or her own incontinence care, with or without an assistive device but requires the presence of another person intermittently for supervision or cueing.
- Applicant needs to be reminded to wipe him or herself and wash his or her hands, but can toilet him or her self.
 - Applicant requires cueing/instruction to pull his or her pants up after toileting.
 - Applicant needs to be supervised while in the bathroom to ensure proper completion of toileting.
- C. Applicant is able to toilet him or her self or provide his or her own incontinence care but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
- Applicant requires constant cueing to complete each aspect of toileting. Another person needs to be continually present.

When estimating frequency, if the applicant is both constantly supervised during toileting and provided incontinence care during the same episode, then the episode should be counted under the incontinence frequency total. Do not total both constant supervision with toileting and incontinence care during the same episode.

For example, the applicant is constantly supervised during toileting generally six times per day. On average the applicant is found incontinent twice during a toileting episode. The frequency should be indicated as constant supervision four times per day and incontinent two times per day.

- D. Applicant needs physical help from another person to use toilet and/or change personal hygiene product.
- Applicant needs assistance pulling up and buttoning his or her pants.
 - Applicant needs assistance with pulling down his or her pants, wiping, and washing his or her hands.
 - Applicant needs physical assistance to change personal hygiene product (such as Depends or a feminine hygiene product.)
 - Applicant has stress incontinence and needs physical help changing personal hygiene product.

When estimating frequency, if the applicant is both toileted and provided incontinence cares during the same episode, then the episode should be counted under the incontinence frequency total. Do not total both toileting and incontinence care during the same episode.

For example, the applicant requests to be toileted but was also incontinent. This would be totaled as one episode of incontinence. In another example, the applicant is generally toileted six times a day but may be discovered to be incontinent twice during being toileted. This would be totaled as four episodes of toileting and two episodes of incontinence.

- E. Applicant needs physical help from another person for incontinence care. (Does not include stress incontinence.)
- Applicant needs assistance changing incontinence product, providing peri-care, and assisting with an occasional change of clothes.

When estimating frequency, if the applicant is both toileted and provided incontinence cares during the same episode, then the episode should be counted under the incontinence frequency total. Do not total both toileting and incontinence care during the same episode.

- F. Applicant needs physical help from another person to empty ostomy or catheter bag.
- Applicant is unable to release clamp on ostomy bag and needs physical assistance to empty bag.

When estimating frequency, determine how many times per day the PCW will be assisting with emptying ostomy or catheter bag. Do not count episodes in which the PCW will not be needed to provide the cares.

- G. Applicant's ability is age appropriate for a child age 4 or younger.
- Child is 4 years old or younger.

Element 31 — Transferring

“Transferring” means the physical ability to move between surfaces (e.g., from bed/chair to wheelchair or walker), the ability to get in and out of bed or usual sleeping place, and the ability to use assistive devices for transfers. Transferring excludes transfers related to bathing, dressing, grooming, and toileting.

Select the response, A-F, that best describes the level of function the applicant possesses when transferring. For children age three or younger, select response “F.” If the child requires more assistance than an adult would typically provide to a child of that age, explain in the comment section why more assistance is needed.

Indicate how many days per week PCW assistance with transferring is needed. Do not count days in which other unpaid caregivers will be providing the cares or when care is provided outside the place of residence.

Examples

- A. Applicant is able to transfer him or her self, with or without an assistive device.
 - Applicant is able to transfer him or her self to a wheelchair with the use of an assistive device.
 - Applicant is able to transfer him or her self with the use of crutches.
- B. Applicant is able to transfer him or her self, with or without an assistive device but requires the presence of another person intermittently for supervision or cueing.
 - Applicant needs to be reminded not to bear weight on fractured foot.
- C. Applicant is able to transfer him or her self, with or without an assistive device but requires the presence of another person throughout the task for constant supervision to provide immediate intervention to ensure completion of the task.
 - Applicant is able to transfer him or her self with the use of a walker. Constant supervision is required to ensure safety.
- D. Applicant needs physical help of another person but is able to participate (e.g., applicant can stand and bear weight).
 - Applicant is able to bear weight and assist with a pivot transfer with the physical assistance of another person.
- E. Applicant needs constant physical help from another person and is unable to participate (e.g., applicant is unable to stand and pivot or unable to bear weight).
 - Applicant requires the assistance of another person with the use of a gait belt and person is unable to effectively participate.
 - Applicant requires a two-person transfer.
- F. Applicant needs help from another person with the use of a mechanical lift (e.g., Hoyer) when transferring.
 - Applicant needs a Hoyer lift to be transferred.
- G. Applicant’s ability is age appropriate for a child age 3 or younger.
 - Child is 3 years old or younger.

MEDICALLY ORIENTED TASKS

Element 32 — (Part I) Medication Assistance

Select the option that best describes the applicant’s need for assistance with his or her medication(s).

Indicate how many days per week PCW assistance is needed with medication assistance. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

Examples

- 0. Not applicable.
 - Applicant has no medications.
- A. Independent with medications with or without the use of a device.
 - Applicant is able to self-administer medications.
 - Applicant is independent with medications with the use of a pill box.
- B. Needs reminders.
 - Applicant is able to self-administer medications but requires another person or a device (e.g., electronic medication dispenser) to provide reminders.
 - Applicant requires instructions on how to take the medication (e.g., cueing him or her to place the medication in the mouth, take a drink, and swallow.)

- C. Needs the physical help of another person.
- A family member or friend assists applicant with taking his or her medications. (The PCW does not perform this task.)
- D. Needs the physical help of a PCW.
- Applicant requires assistance from a PCW to take medications.
 - Applicant requires PCW to place medication in his or her hand or mouth.

If response "D" is selected, indicate the number of times per day a PCW needs to assist the applicant with his or her medications.

Element 33 — (Part II) Tasks to be Performed by a PCW

Select the tasks to be completed by a PCW. If no PCW assistance is needed for a task, leave that task blank.

Indicate how many times per day and days per week each task will be performed by a PCW. If the number of times per day varies, indicate the frequency that occurs most often. Do not count days in which other unpaid caregivers will be providing the cares or when care is provided outside the place of residence.

Glucometer Readings. Allowed only when medical history supports the need for ongoing, frequent monitoring and the physician has established parameters on reporting readings. High blood sugars due to the noncompliance of a competent adult do not justify glucometer tests as medically necessary tasks.

Vital Signs. Allowed only when medical history supports the need for ongoing frequent monitoring and the physician has established parameters at which point a change in treatment may be required. Vital signs include temperature, blood pressure, pulse, and respiratory rates.

Skin Care. Skin care is the application of legend solutions, lotions, or ointments that are ordered by the physician due to skin breakdown, rashes, etc. Pro re nata (PRN) or "as needed" or prophylactic skin care is an ADL task that is covered under bathing. If the PCW will be providing prescribed skin care, the name of the drug and frequency prescribed must be indicated.

Catheter Site Care. Cleaning a catheter site may be marked if the applicant requires PCW assistance with "site care" provided to a *suprapubic catheter* (drainage tube that extends from a small hole in the skin just above the pubic bone). "Site care" means that special care is given to the area where the catheter goes into the abdomen. Site care usually involves cleansing this area with soap and water and covering with dry gauze. Do not check this area for routine catheter care for an indwelling catheter. Routine catheter care usually involves soap and water as a normal part of bathing. Do not confuse site care for a suprapubic catheter with catheter care for an indwelling catheter.

Check Other under Other Program in Element 34 if the PCW will be providing irrigation of the catheter, changing and/or replacing the catheter, or "in & out" catheterization.

Gastrointestinal Tube Site Care. Cleaning a gastrostomy site may be marked if the applicant requires PCW assistance with site care provided to a gastrostomy or jejunostomy site (tube that extends from a small hole in the skin from the abdomen). "Site care" means that special care is given to the area where the tube goes into the abdomen. Site care is usually cleansing this area with soap and water and covering with dry gauze.

Complex Positioning. This is specialized positioning, including positioning required to change body positions while at a specific location for the purpose of maintaining skin integrity, pulmonary function, and circulation. When determining frequency, the positioning related to the tasks of bathing, dressing, and toileting are accounted in the times allotted for each specified task and are not to be counted separately.

Element 34 — (Part III) Tasks to Be Performed by a PCW — Medicaid Review and Manual Approval May Be Required

Complete this section for tasks the registered nurse (RN) will be delegating to a PCW. Tasks in this element will not be assigned time if they are not delegated by an RN. If no PCW assistance is needed for a task, leave that task blank.

Indicate how many times per day and days per week each task will be performed by a PCW. Do not count days in which other unpaid caregivers will be providing the cares, or when care is provided outside the place of residence.

For tasks indicated in this element, manual review of the PA request will be required only when the total amount of time computed by the PCST is insufficient for a personal care worker also to provide the delegated medical tasks identified in this element *and* additional time is being requested for those delegated medical tasks. Include the Personal Care Addendum (including the recipient's plan of care) and other documentation as directed when submitting the PA request.

Daily Tube Feedings. Administration of tube feedings is the process of giving nutrition via a tube inserted into a person's body. This may include a gastrostomy tube (g-tube), jejunostomy tube (j-tube), or a nasogastric tube (NG tube). Select this option when the applicant requires a PCW to administer a tube feeding. Do not select this option if the PCW is only monitoring the feeding while it is in progress. Administering includes starting and stopping the tube feeding and all tasks involved with starting or stopping a feeding such as preparing the feeding, flushing the tube, hanging the bag, etc.

Continuous Feeding. Select continuous feeding if the applicant is receiving a continuous feeding and requires a PCW to administer it. A continuous feeding is a feeding that is not given intermittently throughout the day or given by bolus.

For example, an applicant receives continuous feeding; the PCW sets up the formula, flushes the tube, hangs the feeding bag and starts the feeding. The PCW does this once per day, three days per week. On the other days of the week, a family member administers the feeding. PCW frequency per day = 1, PCW frequency per week = 3.

Intermittent (Bolus) Feeding. Select intermittent (bolus) feeding if the applicant receives feedings at various times during the day and requires a PCW to administer them.

For example, an applicant receives bolus feedings (50cc each time) three times a day. The PCW will be administering the feeding two times per day, seven days per week. PCW frequency per day = 2, PCW frequency per week = 7.

Respiratory Assistance. Assistance needed with suctioning, chest physiotherapy (CPT), nebulizer treatments or tracheostomy-related care. Check all that apply.

Tracheostomy Care. Select tracheostomy care if the applicant requires cleaning of the tracheostomy site, changing of the tracheostomy tube, and/or changing of the tracheostomy straps or ties that hold the tube in place and assistance of the PCW is needed.

Note: In the comments section at the end of this element, specify the cares that the PCW will be providing.

Suctioning. Select suctioning if the applicant requires suctioning of the oral cavity, the nasal cavity, the nasopharyngeal cavity, or of a tracheostomy and a PCW is performing the task.

Note: In the comments section at the end of this element, specify the type of suctioning the PCW will be performing.

Chest Physiotherapy (CPT). Select CPT if the applicant requires postural drainage or chest percussion and the PCW is performing the task.

Nebulizer. Select nebulizer if the applicant requires a PCW to administer respiratory treatment via a nebulizer.

Bowel Program. A bowel program is a regimen prescribed by a physician to develop proper bowel evacuation. A bowel program may include the use of suppositories, enemas, or digital stimulation. Indicate which task or tasks are being performed by the PCW as well as the frequency for each task. Each task indicated in this section must be performed by the PCW at least once per week.

Note: In the comments section, specify the specific bowel program the PCW will be providing.

Examples

- The PCW inserts a suppository, waits 30 minutes, and then provides digital stimulation to promote proper evacuation of the colon. This is completed every three days.
- The PCW gives the applicant a warm water enema once a week.

Wound or Decubiti Care (excludes basic skin care). A wound or decubitus requiring dressing and care. "Wound" is defined as a wound from a serious burn, traumatic injury, or a serious infection. Select this response if the applicant has documentation of a wound or a decubitus and requires a PCW to provide wound cleaning and/or dressing. This does not include ostomy care.

For example, the applicant has a wound on the outer aspect of their ankle measuring 1 cm by 1 cm, red in color, and draining serosanguinous drainage. The wound is cleansed daily with NS and simple dry dressing (2x2) applied. The PCW will be providing wound care once per day, seven days per week. Frequency per day = 1, frequency per week = 7.

Note: In the comments section, include a description of the wound or decubitus and explain the wound care the PCW will be performing.

Therapy Program. Assistance with activities that are directly supportive of skilled therapy services. This includes activities that do not require the skills of a therapist to be safely and effectively performed. Activities may include routine maintenance exercises, e.g., range of motion (ROM) exercises and repetitive speech routines. *In order to be medically necessary, the activities must be ordered in conjunction with an active therapy program or as a result of a therapy evaluation signed by a therapist.* The therapist may screen the client and recipient as often as medically necessary to verify the continuing medical necessity of activities supportive of therapy, such as ROM, repetitive speech drills, and other routine exercise programs. A full therapy evaluation by a therapist is needed when there is a change in client condition or when the home exercise program is not accomplishing its goals.

For example, the applicant has seen a physical therapist and the therapist has written a passive ROM program that the person needs physical assistance completing.

Note: When submitting the PA request, a copy of the active therapy program **must** be submitted.

Other. Describe other medically oriented tasks prescribed by a physician and not included in this list that will be delegated by an RN and performed by a PCW. Examples include catheter irrigations, catheter insertions, and ostomy appliance changes.

INCIDENTAL SERVICES

Element 35

Services incidental to the activities of daily living and medically oriented tasks include changing the applicant's bed, cleaning medical equipment, laundering the applicant's bed linens and personal clothing, light cleaning in essential areas of the home used during personal care services, purchasing food, preparing the applicant's meals, and cleaning the applicant's dishes. (Refer to the Covered Services Section of the Personal Care Handbook.) Indicate if services incidental to the activities of daily living and medically oriented tasks will be performed by the PCW.

BEHAVIORS AND MEDICAL CONDITIONS

Element 36 — Behaviors

Indicate if the applicant exhibits behavior on at least a weekly basis that makes activity of daily living tasks more difficult and more time consuming for a PCW to complete. If "Yes" is checked, list the behavior.

Examples

- Applicant hits and kicks PCW while trying to complete the activities of bathing, dressing, and grooming.
- Applicant is physically resistive to all cares completed by the PCW.

Element 37 — Medical Conditions

Indicate if the applicant has any medical conditions that make ADL tasks more difficult and more time consuming for a PCW to complete and are expected to result in a long-term need for extra care. If "Yes" is checked, list the medical condition(s) and describe how it interferes with the ability of the PCW to complete the ADL tasks.

Examples

- Applicant has severe contractures and additional time is needed to safely complete personal care tasks without injuring him or her.
- Applicant experiences severe shortness of breath due to chronic obstructed pulmonary disease (COPD) and requires additional time for completion of tasks.

Element 38 — Seizures

If the applicant has a diagnosis of seizures, indicate the time frame of the last seizure. Specify the seizure type, frequency, and the date of the last seizure. Specify if the PCW will provide seizure interventions, and list the interventions he or she will perform.

MEDICAL APPOINTMENTS

Element 39 — Accompanying Applicant to Medical Appointments

Indicate if a PCW will accompany the applicant to medical appointments.

BILLING PROVIDER INFORMATION (PAPER VERSION ONLY)

Element 40 — Name — Billing Provider

Enter the name of the Medicaid-certified provider billing services provided to the recipient.

Element 41 — Billing Provider's Medicaid Provider Number

Enter the Medicaid-certified billing provider's eight-digit Medicaid provider number.

Element 42 — Address — Billing Provider

Enter the billing provider's address, including street, city, state, and zip code.

SIGNATURE (PAPER VERSION ONLY)

Element 43 — SIGNATURE — Authorized Screener

The authorized screener completing this PCST is required to sign this form.

Element 44 — Date Signed — Authorized Screener

Enter the date the authorized screener completing this PCST signed the form.

PCST SUMMARY SHEET INSTRUCTIONS (WEB-BASED VERSION ONLY)

The PCST Summary Sheet will be produced for Web-based users after all information is entered into the PCST. This summary will contain the allocation of units for the applicant and other important alerts and information for the provider about PA submission.

At the bottom of the PCST Summary Sheet, enter the following information:

- Billing provider name.
- Billing provider address.
- Billing provider's Medicaid provider number.

Also, select the statement that describes any case sharing for this applicant's care.